ATTACHMENT H, ANNEX 25

MASS CASUALTY PLAN

Future revisions of this plan will be published separately and will become Appendix 5 to the South Carolina Emergency Operations Plan. The following plan remains in effect until the next revision of the Mass Casualty Plan scheduled to be published in 2006.

I. INTRODUCTION

A. Natural and man-made hazards to the citizens of South Carolina have the potential to generate large numbers of casualties. South Carolina is vulnerable to hurricanes, earthquakes and dam failure in varying probability. The potential for a radiological disaster, a criminal act releasing a weapon of mass destruction, or a hazardous chemical release also exists. Additionally, certain communicable diseases have the potential to spread among the population and cause illness and fatality in such large numbers that the current capacity of our medical infrastructure could be overwhelmed.

B. Under the direction of the State Department of Health and Environmental Control, eight public health regions serve the citizens of South Carolina. Each health region has developed a mass casualty plan in cooperation with county and local government officials, health care providers and the first responder community. Under the direction of the South Carolina Emergency Management Division, the state level response to a mass casualty-producing event would primarily involve coordination of the response among the health regions and arranging for support from state and federal assets as needed.

C. Authority for operations in response to a mass casualty-producing incident is derived from three main sources. The first is the State of South Carolina Executive Order Number 2003-12, which authorizes emergency operations under the State Emergency Operations Plan. The second authority has its basis in the traditional Health Powers held by the Commissioner of the Department of Health and Environmental Control. Those powers include the ability to declare a Public Health Emergency and issue Public Health Orders under traditional public health authority. Third, after a mass casualty-producing incident, the Governor may invoke the Emergency Health Powers Act. The Emergency Health Powers Act gives extraordinary powers to the Commissioner of the Department of Health and Environmental Control so that he may issue extraordinary Public Health orders, including ordering quarantine, isolation, school closings, and cancellation of public gatherings in order to protect the public from disease or other public health threats.

II. MISSION

This plan provides operational concepts unique to mass casualty response, assigns responsibilities to state agencies and coordinates response efforts in order to meet the needs of local governments following a mass casualty-producing incident.

III. CONCEPT OF OPERATIONS

A. Local response to a mass casualty-producing incident involves triage, transport, treatment, and logistics support. At the state level, three approaches will be used to support the local response to a mass casualty-producing incident. The first approach will involve expansion of the capacities in medical treatment facilities to accept critical patients. The second approach is to transport victims to outlying unaffected areas. The third is to receive deployable medical assets in the affected area and establish off-site treatment facilities. The techniques are not listed in the order they would necessarily occur and may be used simultaneously.

1. Medical treatment facilities will expand their capacities by canceling or rescheduling elective surgical procedures, discharging non-critical patients, and diverting non-critical patients to other facilities. Additional specialized transportation assets will likely be required to support the discharge/diversion/transfer of patients.

2. Victims will also be transported to outlying areas that have not been affected by the mass casualty-producing event. Communication of critical information and use of the bed capacity website will be necessary in addition to transportation assets.

3. Deployable medical assets from within the state will be sent to the affected area. Federal assets, if available, will be received and supported in the state. Assets may also come to South Carolina through the Emergency Management Assistance Compact. In any of these cases, the assets will be used to establish additional off-site treatment facilities to augment what is already in place and overburdened by patient influx.

B. Activation

1. Activation of this plan will occur as a mass casualty-producing incident exceeds local response capabilities. Depending on the nature of the incident, it may gradually increase in demand on response resources, or it may be such that certain local and state resources are quickly overwhelmed.

2. In the case of an incident that gradually increases in resource demands, the Incident Commander or local Emergency Operations Center may activate local mutual aid agreements to obtain access to additional resources. Regionally, Emergency Medical Services and hospital systems have established procedures to handle a certain level of increased patient load by transferring less critical patients to other treatment facilities, canceling elective procedures, and expanding to surge capacity.

3. When hospital surge capacity is exceeded regionally, and when other resource shortfalls exist to overwhelm regional capability, the local Emergency Operations Center may contact South Carolina Emergency Management Division to request resources through Emergency Support Function 8. The Department of Health and Environmental Control will, through Emergency Support Function 8, coordinate the response of health and medical resources statewide.

4. Incidents that exceed both local and state resources will result in requests for Federal assets as discussed in Section V (Federal Interface) of this plan.

C. Response Operations

1. The Governor will be asked to declare a State of Emergency and request a Presidential Declaration.

2. The Governor, in consultation with the Public Health Emergency Plan Committee, may implement the Emergency Health Powers Act. A mass casualty incident may not necessarily constitute a Public Health Emergency.

3. The Commissioner of the Department of Health and Environmental Control may declare that a Public Health Emergency exists and invoke traditional Health Powers.

4. State Emergency Response Team representatives will report any disaster intelligence to the State Emergency Response Team Operations Group by whatever communication is available.

5. Because some or all of the state-level resources may quickly be exhausted, State Emergency Response Team Operations Group will request assistance from the Federal Emergency Management Agency, the National Disaster Medical System, the Centers for Disease Control and Prevention, and other states through the Emergency Management Assistance Compact as required.

6. Rapid Response Teams will conduct operations in the following functional areas:

   a. ESF-8 Midlands Medical Response Team: provide medical aid to victims.

   b. ESF-9 Search and Rescue South Carolina Emergency Response Task Force 1: provides robust search and rescue capabilities.

   c. ESF-10 Emergency Response Team (ERT) for HAZMAT: may be needed to respond if a Hazardous Materials release is involved.

   d. Chemical Ordnance Biological Radiological (COBRA) Teams: may be deployed to support the response effort.

   e. 43rd Weapons of Mass Destruction Civil Support Team: may be deployed to support the response effort.

D. Response Specifics

1. State Emergency Response Team Executive Group will establish response priorities because of limited available resources, and establish state-coordinated resource allocation. Life-saving operations will be the first priority. The recommended response priorities in support of life-saving operations are:

   a. Search and Rescue Operations (if necessary)

   b. Health and Medical

   c. Basic Human Needs / Mass Care

   d. Hazardous Materials

   e. Preliminary Damage Assessment

   f. Public Safety

   g. Public Information

   h. Counseling services to mitigate psychosocial effects

2. State Emergency Response Team representatives will ensure that response activities within their respective areas are coordinated between the various Emergency Support Functions and State Emergency Response Team Operations Group and that they are in concert with the priorities and policies established by the State Emergency Response Team Executive Group.

3. Search and Rescue Operations (if necessary)

   a. Certain incidents may make search and rescue operations necessary. Initial search and rescue response will be a local effort, with priorities set by local government. ESF-9 will coordinate to provide additional search and rescue teams and equipment to include South Carolina Emergency Response Task Force 1 into any damage-affected areas.

   b. Federal Emergency Management Agency Urban Search and Rescue (US&R) task forces may be needed to support search and rescue operations. Labor, Licensing and Regulation, Division of Fire and Life Safety (LLR) will coordinate staging areas for Federal Emergency Management Agency Urban Search and Rescue task forces to support the state's efforts. Federal Emergency Management Agency 's Urban Search and Rescue assets and needs are outlined in the ESF-9 Standard Operating Procedure. Federal Emergency Management Agency's Urban Search and Rescue teams expected time of arrival is 48 hours after notification.

4. Health and Medical

   a. If appropriate, the South Carolina Department of Health and Environmental Control will coordinate the deployment of the Midlands Medical Response Team to assist in providing medical care in the affected areas. Consisting of doctors and nurses with light equipment, the team will stage from the South Carolina Department of Health and Environmental Control main office.

   b. Each of South Carolina's Public Health Regions has developed a regional plan for expanding health care system capacity in response to a mass casualty incident. ESF-8 will coordinate among the regions to organize the response statewide.

c. Public Health Region Epidemiology Surveillance and Response Staff will deploy for case and contact investigation in the case of certain communicable diseases. State-level Epidemiology and Surveillance staff will support both Public Health Regions and the State Emergency Response Team through ESF-8.

d. ESF-8 will coordinate medical logistics to include deployment of the Strategic National Stockpile when necessary, which is discussed in detail in Tab 1 of this plan.

e. ESF-8 will coordinate with Labor, Licensing, and Regulation and Department of Health and Environmental Control, Health Regulations to allow medical students, pharmacy students, Emergency Medical Technician students, paramedic students, and nursing students on a case-by-case basis to practice prior to the completion of their licensing requirements.

f. ESF-8 will request The National Disaster Medical System (NDMS) to assist in the response. National Disaster Medical System consists of the Disaster Medical Assistance Team, the Disaster Mortuary Operational Response Team, Medical Support Unit, Mental Health and Stress Management teams, and the Veterinary Medical Assistance Team.

g. ESF-8 will coordinate with ESF-19 for the activation of SC Air National Guard Medical Squadron to provide additional care for victims. The squadron consists of physicians, nurses, paramedics, Emergency Medical Technicians, Public Health Technicians, Bioenvironmental Technicians and Engineers, Dentists, and a Veterinarian Public Health Officer.

h. ESF-8 will identify staging areas before the event for medical personnel. If during post-event, the pre-identified staging areas are unusable, ESF-8 will re-assign its staging area locations. ESF-8 will coordinate the establishment of mobile field hospitals as needed. Disaster Medical Assistance Teams, along with other medical professionals on scene, will triage to provide medical stabilization, and continued monitoring and care for patients until they can be transported to more functioning facilities.

i. If roads are passable and ground transport assets available, patients will be evacuated via ground transportation. Otherwise, ESF-8 will coordinate with ESF-1 to select airfields to transport critical injured patients to the nearest functional treatment facilities. The need for air transportation will be determined at the triage scene, and priority for aircraft and other evacuation resources will be coordinated with State Emergency Response Team.

5. Mass Care

The two strategies for sheltering following a large-scale disaster are: Initial and long-term emergency shelters. Depending on the nature of the mass casualty incident, one or both types may be needed. An increased demand on Special Medical Needs Shelters may develop and alternate staffing for Special Medical Needs Shelters may be needed since Health Care workers may be otherwise tasked.

6. Hazardous Materials Response

If required by the situation, the initial Hazardous Materials response will be a local effort, with priorities set by local government. Due to the potential of large-scale hazardous materials release in certain incidents, ESF-10 may deploy its response assets to the damage-affected areas to assess the hazardous materials situation and coordinate technical assistance.

7. Preliminary Damage Assessment / Preliminary Impact Assessment
The State Assessment Team(s) will be available to deploy as soon as possible and conduct preliminary damage and needs assessment, and report results immediately to ESF-5. State Assessment Team reports will enable State Emergency Response Team Operations Group to analyze, process, and prepare damage reports. Epidemiologists and other Public Health Personnel will be available through ESF-8 to support the State Assessment Team.

8. Public Safety

a. ESF-13 will deploy law enforcement / security personnel for public safety operations to support response activities. Law Enforcement personnel may be needed to assist in enforcement of Public Health Orders to include quarantine or isolation of patients. Law Enforcement personnel will also be asked to support the movement of response vehicles, equipment, and personnel as necessary.

b. In coordination with State Emergency Response Team Operations Group, ESF-16 will control the disaster response priority flow along Main Supply Routes into and out of the disaster area.

9. Public Information

a. Mass casualty event public information will be disseminated in accordance with public information provisions in the all-hazards South Carolina Emergency Operations Plan. To prevent or minimize loss of life, damage to property, and harm to the environment in South Carolina, government on all levels will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible, be maintained throughout the event and continue well after the event ends.

b. The public will be made aware of potential adverse effects and of actions recommended to safeguard lives and property. Information regarding prudent protective actions will be conveyed to the public as time allows during a real event, and will continue into the recovery stage.

c. State government information of greatest public interest during and immediately following a mass casualty incident may include, but may not be limited to: quarantine and isolation issues, medical-care issues, including listings of available functional hospitals and health-care facilities; family assistance services; pet and livestock care issues; traffic management; law enforcement; transportation issues, including road closures; shelter locations; water quality, water-borne disease, and nursing home issues; bridge closures; urban search and rescue issues; state office closings, state park closures; insurance issues; power outages; telephone service; and motel availability.

d. In general, state government news releases will be issued to the mass news media statewide and to national and international media as appropriate, with priority consideration given to the media most able to effectively communicate with the at-risk population.

10. Counseling services to mitigate psychosocial effects: ESF-8 will work to mitigate the psychosocial impact of any mass casualty

incident in coordination with the Department of Mental Health and the American Red Cross utilizing available professionals, volunteer counselors and religious organizations.

IV. RESPONSIBILITIES

A. Office of the Adjutant General

1. Identify, train, and assign personnel to maintain contact with and prepare to execute missions in support of ESF-8 during periods of activation.

2. Assist in providing support transportation (air and ground) for:

   a. Patient evacuation (sick and injured)

   b. Health-related materials and personnel.

3. Provide medical assistance in casualty care.

4. Deploy the 43rd Civil Support Team (CST) to area of operations to support the response efforts.

5. Expedite arrival of additional state and federal assistance.

6. Identify and provide to the Department of Health and Environmental Control possible medical resources for deployment.

7. Provide temporary morgue facilities.

8. Support the implementation of the Strategic National Stockpile.

9. Provide security personnel

10. Assist in communications support

B. American Red Cross

1. Support local government in opening emergency shelters, providing food and first aid, and providing blood and blood products.

2. Collect, receive, and report information about the status of victims and assist with family reunification.

3. Provide first aid and other related medical support within capabilities at temporary treatment centers.

4. Provide food for emergency medical workers, volunteers, and patients, if requested.

C. Civil Air Patrol

1. Develop and maintain list of Civil Air Patrol fixed wing assets to support patient evacuation and transport of supplies and personnel.

2. Assist in providing air and ground support transportation for:

   a. Patient evacuation (sick and injured)

   b. Health-related materials and personnel.

3. Assist in communications/support/provide radio operators for SEOC.

4. Provide air and ground Search and Rescue support.

D. Department of Health and Environmental Control

1. Coordinate the request, receipt and distribution of the Strategic National Stockpile.

2. Coordinate the identification and assignment of out-of-state medical personnel.

3. Manage the increased tempo of disease surveillance and epidemiology teams.

4. Coordinate the activation of the SC Emergency Health Powers Act.

E. SC Hospital Association

1. Assist in activation of regional mass casualty plans.

2. Assist in expansion of medical care infrastructure capacity as permitted by the Emergency Health Powers Act.

F. Department of Labor, Licensing, and Regulation

Verify credentials of out-of-state medical personnel.

G. Department of Public Safety

1. Assist with enforcement of quarantine orders.

2. Support Strategic National Stockpile deployment.

H. State Law Enforcement Division

1. Provide technical assistance, equipment, laboratory, and body location documentation services for deceased identification and mortuary services.

2. Provide chaplains for death notification services and counseling.

3. Assist with transport security of the Strategic National Stockpile.

4. Coordinate enforcement of quarantine orders.

I. Department of Social Services

Coordinate with ESF-1 and ESF-11 for feeding of quarantined citizens.

J. Department of Transportation

Coordinate with DSS and ESF-11 to deliver food to quarantined citizens.

K. Department of Corrections

Conduct quarantine and isolation of prisoners as necessary.

V. FEDERAL INTERFACE

The Department of Health and Human Services is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention as well as with the Federal Emergency Management Agency. Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

VI. TABS

Tab 1: Strategic National Stockpile
Attachment A – CHEMPACK

Tab 2: Pandemic Influenza

Tab 3: Smallpox

Tab 4: Weapons of Mass Destruction / Agents of Mass Effect
(To be published)

Tab 5: Regional Mass Casualty Response Plans (Published Separately)

Attachment A – Region I Plan (Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, and Saluda counties)

Attachment B – Region II Plan (Cherokee, Greenville, Pickens, Spartanburg, and Union counties)

Attachment C – Region III Plan (Chester, Fairfield, Lancaster, Lexington, Newberry, Richland, and York counties)

Attachment D – Region IV Plan (Chesterfield, Clarendon, Darlington, Dillon, Florence, Kershaw, Lee, Marion, Marlboro, and Sumter counties)

Attachment E – Region V Plan (Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties)

Attachment F - Region VI Plan (Georgetown, Horry, and Williamsburg counties)

Attachment G – Region VII Plan (Berkeley, Charleston, and Dorchester counties)

Attachment H - Region VIII Plan (Beaufort, Colleton, Hampton, and Jasper counties)

TAB 1, ATTACHMENT H, ANNEX 25 - STRATEGIC NATIONAL STOCKPILE

I. INTRODUCTION

The Strategic National Stockpile (SNS) is a federally owned and managed stockpile of pharmaceuticals, vaccines, medical supplies, equipment and other items established by Congress to augment local supplies of these critical medical items in the event of their depletion due to an attack on the United States using weapons of mass destruction (chemical, biological, radiological or explosive) or a major natural or technological disaster. This plan provides for the request, receipt, staging, storage, repackaging, distribution, dispensing, and retrieval and return of any unused assets of this stockpile.

II. MISSION

The mission of the Strategic National Stockpile is to rapidly and safely provide pharmaceuticals, vaccines, medical supplies and equipment in a rapid and safe manner to a community in South Carolina in the event that local capacities are exceeded due to a weapon of mass destruction or a major natural or technological disaster.

III. SITUATION AND ASSUMPTIONS

A. Situation:

An attack has occurred in South Carolina involving a weapon of mass destruction or a major natural or technological disaster has occurred. The capacity of South Carolina's local and state assets to meet the demand for pharmaceuticals, vaccines, medical supplies, or other related equipment has been exceeded.

B. Assumptions:

1. The State Emergency Operations Plan will be activated.

2. The State Emergency Operations Center will be activated at Operating Condition 1 (OPCON 1).

3. The Governor will declare a State of Emergency and invoke the South Carolina Emergency Health Powers Act.

4. The South Carolina Emergency Management Division will activate the Statewide Mutual Aid Agreement and the Emergency Management Assistance Compact.

5. The arrival of the Strategic National Stockpile materials to the local Health Regions will not occur until 24 to 36 hours after the federal decision to deploy.

IV. CONCEPT OF OPERATIONS

A. The South Carolina Department of Health and Environmental Control is responsible for developing, coordinating and maintaining procedures to support Strategic National Stockpile operations in South Carolina in conjunction with ESF-8 (Health and Medical Services) and South Carolina Emergency Management Division. The South Carolina Department of Health and Environmental Control is responsible for the coordination of all Strategic National Stockpile administrative, management, planning, training, preparedness/mitigation, response, and recovery activities in South Carolina to include developing, coordinating, and maintaining the Strategic National Stockpile Standard Operating Procedures.

B. Activation

1. Requesting the Strategic National Stockpile

The decision to deploy the Strategic National Stockpile will be a collaborative effort between local, state, and federal officials. After the recognition of a potential or actual Weapons Mass Destruction event or a major natural or technological disaster that may or will exceed local medical supplies, the local Health Department along with the Region Health Director will contact the Office of Public Health Preparedness Director of Emergency Management. The Governor, the South Carolina Emergency Management Director, and the Commissioner of the Department of Health and Environmental Control will meet to determine if the Strategic National Stockpile should be requested. If required the Commissioner of the Department of Health and Environmental Control with the consent of the governor will submit a formal request to the Centers for Disease Control and Prevention for the deployment of the Strategic National Stockpile in South Carolina.

2. Consultation

Once the Department of Health and Environmental Control Commissioner, or designee, has requested the Strategic National Stockpile, the Center for Disease Control and Prevention (CDC) Director will initiate a conference call to the Commissioner of the Department of Health and Environmental Control and other Federal, state and local officials to determine if an event threatens the public's health and if the state has the capacity and adequate

resources to respond. If the Centers for Disease Control and Prevention Director decide that the event threatens the public's health and that the on site capacity and resources have or will be strained or exhausted a request will be made for a copy of the SC Strategic National Stockpile Plan. Upon receipt of the SC Strategic National Stockpile Plan, the Centers for Disease Control and Prevention Director will order the deployment of the Strategic National Stockpile "12-Hour Push Package" to the SC Strategic National Stockpile Receiving, Staging and Storage (RSS) Center as designated by the Commissioner of the Department of Health and Environmental Control.

C. Local Response

1. In conjunction with the Region Health Director, county emergency management officials will determine if local medical supplies will be exhausted and if federal assets in the form of the Strategic National Stockpile will be needed to manage the Weapons of Mass Destruction (WMD), or major natural or technological event. The Region Health Director after consultation with the county emergency management officials will request the initial Strategic National Stockpile "12-Hour Push Package" and any additional specific Strategic National Stockpile assets that are needed to insure a continual supply of medications and medical supplies to manage casualties until the event has reached the point that the operation may be scaled down. The Health Regions will coordinate with county governments to provide Emergency Medical Technicians and security at local Dispensing Sites and security at Region Distribution Centers.

2. The Health Regions will coordinate with county emergency management officials to report to ESF-8 (Health and Medical Services) at the state emergency operations center the number of people treated, given prophylactic medication and sent home, the number of treated and transferred to hospitals or other treatment centers and the number of people given prophylactic medication and sent home. The projected number of people still requiring treatment is to be reported also. These numbers will be reported on a regular basis determined by the particular incident. In conjunction with the Health Regions, the county will maintain and provide lists of county medical resources.

3. The Public Health Region personnel assess the situation (both pre- and post-event), and in coordination with local emergency management officials, develop strategies to respond to the emergency. In coordination with The Office of Public Health

Preparedness and the Strategic National Stockpile Pharmacist, the Health Region personnel request assets from the Strategic National Stockpile as described in the "Requesting the Strategic National Stockpile" section above.

4. The Health Region Strategic National Stockpile plan identifies adequate public mass dispensing sites to prophylax the entire population. The Region Health Director (or designee) will insure that symptomatic individuals are directed and/or transferred to treatment facilities, guidelines are followed to determine whether an individual needs prophylactic drugs, individuals are counseled on the threat/risk of the drug, potential contraindications in individuals are identified, guidelines for correct dosage based on age and weight are provided, proper documentation is maintained identifying individual that is receiving the drug, lot number, expiration date, and amount of drug received, and that the individuals who receive a drug are properly counseled on how the drug is to be taken, duration of treatment and expected side effects. The Region Health Director (or designee) will be the lead official at the local Dispensing Site. The Region Strategic National Stockpile plan will also provide for on-site security and traffic control at the Dispensing Sites.

D. Receipt

Upon receiving notification of the deployment of the Strategic National Stockpile by the Centers for Disease Control and Prevention, the Department of Health and Environmental Control will request the following resources to support this plan through the State Emergency Operations Center (SEOC): warehouse management and inventory tracking, on-site security, transportation and security during transport, and communication. The Commissioner of the Department of Health and Environmental Control has predetermined a Strategic National Stockpile Receiving, Staging and Storage (RSS) Center for the receipt of all Strategic National Stockpile assets. When the Strategic National Stockpile "12- Hour Push-Package" arrives at the Receiving, Staging and Storage (RSS) Center, the Centers for Disease Control and Prevention liaison for the Strategic National Stockpile will immediately transfer custody of the Strategic National Stockpile to the State of South Carolina. The SC Strategic National Stockpile Pharmacist or designee is designated by the Commissioner of the Department of Health and Environmental Control to officially accept the custody of the Strategic National Stockpile from the Centers for Disease Control and Prevention for the State of South Carolina at the Receiving, Staging and Storage (RSS) Center.

E. Staging

Once custody of the assets have been signed for by the South Carolina Strategic National Stockpile Pharmacist or designee and transferred to the State of South Carolina at the Receiving, Staging and Storage (RSS) Center, these assets will be off loaded and staged. Strategic National Stockpile shipping containers will be arranged in a color-coded schematic by product type and container number.

F. Distribution

1. While the Strategic National Stockpile assets are being staged at the state Receiving, Staging and Storage (RSS) Center, the Region Health Director or designee in conjunction with local emergency management officials will request the supplies that are needed to replenish exhausted local inventories. The intravenous medicines, IV administration supplies, fluids, life support medicines airway equipment, antidotes and symptomatic treatment material for casualties; and medical or surgical items for treating casualties from a WMD event will be transported from the Receiving, Staging and Storage (RSS) Center to treatment facilities within each region that have been identified in the health region Strategic National Stockpile plan. In the event the treatment center cannot accept the materials, the medical supplies will be delivered to the Region Distribution Center. All control substances will be transferred to treatment centers that are properly registered to accept these substances by the federal Drug Enforcement Agency (DEA). Post exposure prophylaxis packages will be delivered to pre-identified Region Distribution Centers once the numbers of regimens needed is requested. The Region Distribution Center will distribute these regimens to the identified first responder site and to the mass public dispensing sites for distribution to the general public.

2. The Region Distribution centers will meet the same specifications as the Receiving, Staging and Storage (RSS) Center and will serve as alternate Receiving, Staging and Storage (RSS) Center sites. These distribution centers are located in each Health Region. The Health Region Strategic National Stockpile plan will provide for necessary support to off load the shipment, manage and track the inventory, on-site security; and transportation and transportation security of medical supplies to the predetermined receiving hospital or to the predetermined dispensing site. The Region Health Director (or designee) will be the lead official at the Region Distribution site.

G. Continuation of Supplies

While the initial Centers for Disease Control and Prevention "12-Hour Push Package" is being distributed from the Region Distribution Center, the Region Health Director in conjunction with local/county emergency management officials will determine if additional supplies of specific items are needed. These items are requested from the Centers for Disease Control and Prevention and are supplied through the Vendor Managed Inventory (VMI). The Vendor Managed Inventory pharmaceuticals, vaccines, medical supplies, equipment and other items may arrive in bulk or repackaged regimens and may be shipped directly to a Region Distribution Center or to the Receiving, Staging and Storage (RSS) Center site. In an event when the causative factors have been identified, the Region Health Director in conjunction with local/county emergency management officials and the Centers for Disease Control and Prevention Director can determine the specific supplies that are needed, the first shipment received may be from the Vendor Managed Inventory and not from the multi-hazard "12-Hour Push Package." The Region Distribution Centers will report continually to the Receiving, Staging and Storage (RSS) Center the number and type of prophylactic regimens dispensed, the number and types of Strategic National Stockpile assets transferred to the treatment centers and the projected number of additional assets that will be needed. The frequency of these reports will be determined by the specific incident.

H. Dispensing Sites

The Health Region Strategic National Stockpile plan will be developed by the Region Health Director in conjunction with local and county emergency management agencies. Each Health Region Strategic National Stockpile plan will identify adequate public mass dispensing sites to prophylax the entire population. The Region Health Director (or designee) will insure that symptomatic individuals are directed and/or transferred to treatment facilities, guidelines are followed to determine whether an individual needs prophylactic drugs, individuals are counseled on the threat/risk of the drug, potential contraindications in individuals are identified, guidelines for correct dosage based on age and weight are provided, proper documentation is maintained identifying individual that is receiving the drug, lot number, expiration date, and amount of drug received, and that the individuals who receive a drug are properly counseled on how the drug is to be taken, duration of treatment and expected side effects. The Region Health Director (or designee) will be the lead official at the local Dispensing Site. The Health Region Strategic National Stockpile plan will also provide for on-site security and traffic control at the Dispensing Sites.

I. Retrieval

All unused assets of the Strategic National Stockpile program remain the property of the Strategic National Stockpile program. These unused supplies must be returned to the Region Distribution Centers by the local Dispensing Sites and hospitals for return to the Receiving, Staging and Storage (RSS) Center to be inventoried and returned to the Centers for Disease Control and Prevention.

J. Communication

The communications function ensures the timely flow of information used in the decision making process as well as in operational effectiveness. The communications function involves three distinct areas: healthcare communication, logistical communication and available communication modalities.

K. Security and Transport

The security and transport functions will be coordinated through the State Emergency Operations Center Operations Group. Security will be provided for all personnel, material, and equipment involved in the management and distribution of the Strategic National Stockpile. Security to be provided includes but is not limited to access in and out of the Receiving, Staging and Storage (RSS) Center facility, security within the Receiving, Staging and Storage facility; and traffic control within and to and from the Receiving, Staging and Storage (RSS) Center facility. The South Carolina Air and/or Army National Guards have been tasked with providing security for the Strategic National Stockpile at the Receiving Staging and Storage site. The South Carolina Law Enforcement Division has been tasked with providing security in transport to the Receiving, Staging and Storage (RSS) Center site and from the Receiving, Staging and Storage (RSS) Center site to the Region Distribution Center and with coordinating security with local law enforcement at the Region Distribution Center. If repackaging is necessary prior to distribution from the Receiving, Staging and Storage (RSS) Center site, SLED will provide security in transport from the Receiving, Staging and Storage (RSS) Center site to the re-packager and back to the Receiving, Staging and Storage (RSS) Center site. The Department of Health and Environmental Control Drug Control Pharmacists are tasked with providing security and transportation of any controlled substances.

L. Repackaging

In the event that the prophylactic medication required to treat the biologic agent is not available in the unit of use packaging in the 12-Hour push

package or the state receives bulk medication from the Vendor Managed Inventory (VMI), the bulk medication will be repackaged into unit of use containers by an off-site re-packager prior to distribution from the Receiving, Staging and Storage (RSS) Center site.

V. RESPONSIBILITIES

A. Department of Health and Environmental Control

1. Develop, coordinate and maintain a written plan to implement the Strategic National Stockpile operations in South Carolina.

2. Develop and maintain mutual support relationships with other governmental entities, professional associations, volunteer organizations and other private services that may assist during a Weapons Mass Destruction (WMD), natural or technological disaster.

3. Identify, coordinate and credential personnel necessary to deploy the Strategic National Stockpile.

4. Identify and establish locations for Receiving, repackaging, staging, distributing and dispensing the Strategic National Stockpile assets.

5. Identify and coordinate with other health care providers other sources of pharmaceuticals and medical equipment/supplies.

6. Develop and maintain dosing and dispensing guidelines and procedures for the prophylactic drugs contained in the Strategic National Stockpile.

7. Assure that Department of Health and Environmental Control Health Regions develop Strategic National Stockpile plans for the management and distribution of the medical supplies and medications in the Strategic National Stockpile "12-Hour Push Package" and the Vendor Managed Inventory.

8. Identify, train, and assign Department of Health and Environmental Control personnel to implement Strategic National Stockpile plan.

9. Notify all Strategic National Stockpile supporting agencies upon implementation of the Strategic National Stockpile plan.

10. Develop mutual support relationships with professional associations and other private services and volunteer organizations that may assist during emergencies or disasters.

11. Coordinate and direct the activation and deployment of state agencies, volunteer health/medical personnel, supplies, equipment and provide certain direct resources under the control of the Department of Health and Environmental Control.

12. Develop and conduct drills and exercises to coordinate emergency medical care in disaster situations requiring Strategic National Stockpile assets.

13. Assure that the procedure described in section IV.E is in place for requesting the Strategic National Stockpile "12-Hour Push Package" and "Vendor Managed Inventory" from the Centers for Disease Control and Prevention.

14. Coordinate requesting and consultation phases of the Strategic National Stockpile with the Centers for Disease Control and Prevention.

15. Insure that required information is available for the consultation phase with the Centers for Disease Control and Prevention. This information includes but is not limited to the following: current or projected casualties, projected needs based on population, presence of an Strategic National Stockpile plan, hospital capacities at the time of the event including Intensive Care Unit beds and ventilators; other state/local resources such as pharmacy distributors, oxygen suppliers, nearby hospital and alternate care sites, other stockpiles of pharmaceuticals; and a plan to receive, repackage prophylactic oral antibiotics.

16. Coordinate need for initiating any waiver of rules and regulations regarding licensed professional personnel or dispensing outlets.

17. Accept custody of the Strategic National Stockpile assets from the Centers for Disease Control and Prevention.

18. Insure all state and federal documentation available and in order to accept and distribute the Strategic National Stockpile and that such documentation complies with state and federal pharmacy and drug control regulations.

19. Maintain lists of points of contact with all agencies and organizations involved with the warehouse management, inventory

control, on-site security, transport, transport security, distribution, dispensing, retrieval and return to Centers for Disease Control and Prevention of Strategic National Stockpile assets.

20. Provide all inventory control records and distribution records of Strategic National Stockpile assets as required by Centers for Disease Control and Prevention.

21. Maintain all expense records associated with deployment of the Strategic National Stockpile for possible reimbursement.

22. Assess the situation and determine if a potential or actual WMD event or a major natural or technological disaster may exceed local medical supplies.

23. Facilitate the collaboration of state and local officials to determine whether to request federal assistance.

24. The Strategic National Stockpile is requested by the Department of Health and Environmental Control Commissioner with the consent of the Governor, when it is determined by state and local officials that Federal assets are required.

25. The Centers for Disease Control and Prevention Director upon receiving the request for the Strategic National Stockpile will initiate a conference call to the Department of Health and Environmental Control Commissioner and other Federal, State and local officials to determine if an event threatens the public health and exceeds or strains the local capacity to respond. Centers for Disease Control and Prevention Director will request a copy of the South Carolina Strategic National Stockpile Plan. Upon receipt of the South Carolina Strategic National Stockpile Plan, the Centers for Disease Control and Prevention Director will order the deployment of the Strategic National Stockpile.

26. Request deployment of the Strategic National Stockpile.

27. Notify the Department of Health and Environmental Control Region Health Directors of the deployment of the Strategic National Stockpile to the SC Receiving, Staging and Storage site by the Centers for Disease Control and Prevention and request the implementation of the Region Strategic National Stockpile plan(s).

28. Notify SEOC of the deployment of Strategic National Stockpile by the Centers for Disease Control and Prevention to the South Carolina Receiving, Staging and Storage site.

29. Notify Receiving, Staging and Storage location of expected arrival of the Strategic National Stockpile.

30. Notify and coordinate the agencies and organizations involved in the staging of the Strategic National Stockpile.

31. Notify and coordinate the agencies and organizations involved in the support of the individuals involved in the staging of the Strategic National Stockpile.

32. Notify and coordinate the agencies and organizations involved in the transport of the Strategic National Stockpile.

33. Notify Region Distribution Centers and/or Region Directors of the arrival of the Strategic National Stockpile at the South Carolina Receiving, Staging and Storage warehouse. Notify the Region Distribution Centers and/or Region Directors of the deployment of the Strategic National Stockpile to the Region Distribution Center. Insure that Region Dispensing sites are notified of the deployment by the Department of Health and Environmental Control Region Director.

34. Coordinate with ESF-1 (Transportation Services) transport of Strategic National Stockpile assets to the Region Distribution Center(s) for distribution to the local Dispensing Site or designated hospital.

35. Coordinate with Department of Health and Environmental Control Health Regions distribution of Strategic National Stockpile supplies to designated hospitals.

36. Coordinate with Department of Health and Environmental Control Health Regions dispensing of Strategic National Stockpile prophylactic antibiotic regimens to the general public.

37. Coordinate with ESF-13 (Law Enforcement Services) and ESF-16 (Emergency Traffic Management) security for Strategic National Stockpile assets in transport to the Receiving, Staging and Storage site, from the Receiving, Staging and Storage site to the Regions Distribution Centers, designated hospitals, and repackaging facility and back to Receiving, Staging and Storage site.

38. Provide transport and security of control substances to designated treatment centers and provide for the transfer of these control substances to treatment centers that are properly registered to

accept these substances by the federal Drug Enforcement Agency (DEA).

39. Determine the need for additional medical supplies in conjunction with the South Carolina Department of Health and Environmental Control Regions Health Director and the county/local emergency management officials.

40. Provide transport of bulk pharmaceuticals to repackaging facilities.

41. Request additional supplies of specific items through the Centers for Disease control and Prevention Vendor Managed inventory portion of the Strategic National Stockpile program.

42. Coordinate with the Department of Health and Environmental Control Health Regions follow up of individuals receiving prophylaxis to insure completion of therapy in individuals actually exposed to the biologic agent.

43. Coordinate retrieval of all unused assets of the Strategic National Stockpile program from the distribution and dispensing sites to the Receiving, Staging and Storage site.

44. Coordinate with Centers for Disease Control and Prevention of the return of all unused Strategic National Stockpile assets from Receiving, Staging and Storage to the Centers for Disease Control and Prevention.

45. Support, plan and implement mitigation measures.

46. Support requests and directives resulting from the Governor and/or Centers for Disease Control and Prevention concerning mitigation and/or re-development activities.

47. Document matters that may be needed for inclusion in agency or state/federal briefings, situation reports and action plans.

B. Office of the Governor

1. Coordinate with the Department of Health and Environmental Control Commissioner, South Carolina Emergency Management Division Director, the Department of Health and Environmental Control Deputy Director of Health Services, the Department of Health and Environmental Control Region Health Director and the Department of Health and Environmental Control Director of

Public Health Preparedness requesting the Strategic National Stockpile.

2. Authorize the Department of Health and Environmental Control Commissioner to request the Strategic National Stockpile.

3. Declare a State of Emergency and invoke the South Carolina Emergency Health Powers Act.

C. Office of The Adjutant General

1. South Carolina National Guard

a. Identify, train, and assign South Carolina National Guard personnel to maintain contact with and prepare to execute missions in support of Strategic National Stockpile during periods of activation.

b. Provide on-site security at the Receiving, Staging and Storage site for the Strategic National Stockpile.

c. Provide personnel to perform security at the Receiving, Staging and Storage site for the Strategic National Stockpile.

d. Provide warehouse facilities to receive, stage, and store the Strategic National Stockpile.

e. Provide personnel to assist with the receipt, staging and storage of the Strategic National Stockpile at the Receiving, Staging and Storage site.

f. Provide backup transportation for the Strategic National Stockpile to the Region Distribution Sites.

2. SC Emergency Management Division

a. The Director will confer with the Governor and the Department of Health and Environmental Control Commissioner to determine to request the Strategic National Stockpile.

b. The Director will participate in the consultation phase of the Strategic National Stockpile with the Centers for Disease Control and Prevention.

c. Liaison with the federal Centers for Disease Control and Prevention Strategic National Stockpile Technical Advisory Response Unit (TARU) member at ESF-8 (Health and Medical Services) at the SEOC.

D. Department of Labor, Licensing and Regulation, Division of Professional and Occupational Licensing:

1. Assist with temporary licensing of health care workers, or drug dispensing outlets if needed.

2. Review and approve mass drug dispensing site procedures.

E. South Carolina Commission on Higher Education

1. University of South Carolina School of Pharmacy: Provide pharmacy students to assist in the repackaging of bulk quantity antibiotics into individual patient regimens.

2. Medical University of South Carolina School of Pharmacy: Provide pharmacy students to assist in the repackaging of bulk antibiotics into individual patient regimens.

F. South Carolina Hospital Association: Identify hospitals to receive Strategic National Stockpile supplies when local capacities are exceeded. Identify hospitals to participate in regional planning to determine local capacities for response prior to the arrival of the Strategic National Stockpile.

G. South Carolina Medical Association: Assist with recruitment of physicians for Strategic National Stockpile at dispensing site operations. These physicians will assist in determining appropriate treatment in presenting individuals.

H. South Carolina Pharmacy Association

1. Assist with recruitment and training of pharmacists for Strategic National Stockpile operations.

2. Act as a warehouse or clearinghouse for pharmaceuticals other than Strategic National Stockpile assets.

I. South Carolina Nursing Association: Assist with recruitment of nurses for Strategic National Stockpile dispensing site operations.

J. South Carolina Department of Commerce, Aeronautics Division: Provide contingency warehouse space for storage of Strategic National Stockpile assets.

K. South Carolina Baptist Convention: Provide meals and snacks and personnel to distribute those meals/snacks for workers staffing the Receiving Staging and Storage Center.

L. SC Department of Education: Provide dispensing sites for prophylactic drug distribution to the general public in a biologic exposure.

M. American Red Cross: Provide snacks and beverages at dispensing sites.

N. South Carolina Law Enforcement Division:

1. Provide security in transport and escort during transport to the Receiving Staging and Storage site.

2. Provide security in transport and escort during transport to the Region Distribution Center. Coordinate security at the Region Distribution Site with local law enforcement.

3. Provide security in transport to the repackaging facility and back to the Receiving Staging and Storage site.

O. South Carolina Department of Transportation:

1. Provide transportation of the Strategic National Stockpile materials to the Region Distribution Center.

2. Provide transportation of the Strategic National Stockpile materials to the designated treatment centers.

3. Provide transportation of Strategic National Stockpile materials to the repackaging facility and back to the Receiving Staging and Storage site.

P. Budget and Control Board:

1. Provide additional telecommunications devices if needed for Strategic National Stockpile operations.

2. Provide for additional phone lines at the Receiving Staging and Storage site.

Q. Veteran's Administration Consolidated Mail Order Pharmacy: Provide repackaging of bulk pharmaceuticals into 10-day unit of dispensing packages.

R. Fort Jackson Moncrief Community Hospital: Provide repackaging of bulk pharmaceuticals into 10-day unit of dispensing packages

VI. FEDERAL INTERFACE

A. This plan has no direct counterpart in the National Response Plan.

B. The formation of this plan is required for receipt of the Strategic National Stockpile by the Centers for Disease Control and Prevention under Title V, Emergency Preparedness and Response, section 502 of the "Homeland Security Act of 2002."

APPENDIX A, TAB 1, ATTACHMENT H, ANNEX 25 - CHEMPACK

Under 42 USC 300hh-12(c), no federal agency shall disclose under Section 552, United States Code, any information identifying the location at which Strategic National Stockpile Program materials are stored. To the extent permitted by law, the parties agree that neither will disclose the nature of this effort and the terms of this agreement to any person or entity, except as may be necessary to fulfill its mission and statutory and regulatory responsibilities. The parties agree to notify one another before releasing materials or information relating to CHEMPACK or the CHEMPACK program Standard Operating Procedures pursuant to federal or state freedom of information act statutes or similar provisions in law.

I. INTRODUCTION

The Centers for Disease Control and Prevention, on behalf of the Department of Homeland Security have established a program to pre-position sustainable repositories of nerve agent antidotes and other necessary and certain supporting equipment to care for individuals exposed to nerve agents. The CHEMPACK program is part of the Strategic National Stockpile program. The CHEMPACK is a pre-positioned stockpile of nerve agent antidote and equipment to augment local supplies of these critical medical items in the event of their depletion due to a nerve agent attack on the United States. Federal resources, including stocks of nerve agent antidotes would not be available in a sufficient amount of time thorough standard Strategic National Stockpile operations. This plan provides for the storage, surveillance, distribution, retrieval and return of any unused assets of this pre-positioned asset.

II. MISSION

This plan provides the procedures for maintenance and distribution of a cache of pre-positioned, sustainable repositories of nerve agent antidotes within the State of South Carolina.

III. CONCEPT OF OPERATIONS

A. CHEMPACK operations in South Carolina will consist of four phases: placement of assets, surveillance of the secure storage and maintenance of assets, use of assets, and replenishment of assets.

B. Placement of assets involves establishment and modification of storage facilities to accommodate the requirements of the CHEMPACK program, specifically supporting the shelf life extension program. The locations where CHEMPACK assets are stored will be referred to as CHEMPACK cache facilities and the responsible parties at the cache facilities will be referred to as CHEMPACK cache custodians. Additional details

regarding the cache facilities and cache custodians are available in the Standard Operating Procedures.

C. Surveillance of the secure storage and maintenance of assets includes incorporation of appropriate security measures for controlled drug storage, maintenance of proper climate control and tamper detection for compliance with the shelf life extension program. CHEMPACK assets are stored in cache locations throughout the state; however, they remain the property of the Federal Government at all times.

D. Use of assets would be authorized by designated state officers as outlined in the CHEMPACK Standard Operating Procedures for the State of South Carolina when an accidental or intentional nerve agent release has threatened the medical security of the community; has put multiple lives at risk; is beyond the local emergency response capabilities; and the CHEMPACK material is medically necessary to save lives. The CHEMPACK drugs are useful in the treatment of certain other chemical exposures, such as organophosphate or insecticide poisoning, and may be used in response to release of those chemicals as well. County Emergency Management Agencies can coordinate for CHEMPACK assets through Regional Offices of the Department of Health and Environmental Control.

E. Replenishment of assets would occur after CHEMPACK material has been used in accordance with federal guidelines or after CHEMPACK material has exceeded the shelf life limitations provided for in the shelf life extension program. Assets will be replenished through the Strategic National Stockpile's Vendor Managed Inventory.

IV. RESPONSIBILITIES

A. Department of Health and Environmental Control

1. Authorize breaking the CHEMPACK container seal and use the packaged products when designated state officers, employees and agents determine that an accidental or intentional nerve agent release has threatened the medical security of the community; has put multiple lives at a risk; is beyond local emergency response capabilities; and the materiel is medically necessary to save lives.

2. Designate a single person to be the statewide point of contact for CHEMPACK.

3. Designate an alternate point of contact to backup the State CHEMPACK point of contact.

4. Notify SNS Program of any changes in contact personnel within one business day of assignment of a new point of contact / alternate point of contact.

5. Develop Standard Operating Procedures that support this state CHEMPACK plan and also meet Centers for Disease Control and Prevention/Strategic National Stockpile planning requirements. The Standard Operating Procedures will address: asset placement; distribution; coverage areas; security; procedures for control, authorization and use of CHEMPACK assets.

6. Ensure pre-coordinated access for Strategic National Stockpile Program personnel to cache locations as needed to monitor CHEMPACK materiel and provide this information to the Strategic National Stockpile Program.

7. Ensure that cache storage locations are of a suitable size; designed to provide adequate lighting, ventilation, temperature control; provide sanitation, humidity, and space and security conditions for storage of pharmaceuticals.

8. Ensure proper disposal in accordance with applicable federal, state, and local regulations of expired CHEMPACK medical materiel and provide copies of the destruction documentation to the Strategic National Stockpile Program.

9. Conduct joint inventories with the CHEMPACK fielding team upon initial placement and approximately every 18 months thereafter.

10. Provide adequate transportation of CHEMPACK materiel in an emergency, to include coordinating with state and local officials and emergency planning members for use of vehicles, freeway routes, and airfields.

11. Ensure storage facilities have the capability to rapidly move CHEMPACK materiel as required. This may include, but is not limited to, hydraulic lifts, forklifts, loading docks, or ramps.

12. Provide a list of personnel with access to the CHEMPACK containers at each cache location to the Strategic National Stockpile Program point of contact at the time of fielding, and update as changes occur.

13. Ensure cache storage locations correct non-complying environmental and security conditions identified by Strategic

National Stockpile Program point of contact in a timely manner (usually within one hour). When conditions cannot be corrected within 12 hours, the CHEMPACK Logistics Team will coordinate with the State CHEMPACK point of contact to move CHEMPACK container(s) to an acceptable location to safeguard the quality or security of the material.

14. Notify the CHEMPACK Logistics Team within two hours if a CHEMPACK cache storage location loses climate control. Any reports of materiel stored outside of the accepted storage range will be handled on a case-by-case basis. Outcomes could range from having the materiel remain in the shelf life extension program to removing the materiel from the shelf life extension program and the State forfeiting the long-term sustainability of the resource.

15. Coordinate with Strategic National Stockpile Program personnel to ensure the maintenance of proper security and environmental conditions for CHEMPACK materiel during any non-emergency movement (to include pre-positioning assets for special events).

16. Notify the Strategic National Stockpile program within 24 hours of an emergency deployment. The deployment report should identify the amount of CHEMPACK expended and the amount of materiel returned to the container.

17. In the event of a non-emergency use or compromise of CHEMPACK materiel the state will report the loss to the Strategic National Stockpile Program as soon as possible following discovery. Within 48 hours of the discovery of the loss the state must submit a report documenting the circumstances resulting in the loss and providing a inventory of materiel lost or destroyed.

B. CHEMPACK Cache Custodian

1. Conduct monthly security checks to visually inspect Strategic National Stockpile Program seals on the CHEMPACK containers (in accordance with applicable federal and state regulations the person signing for custody must be a Registered Pharmacist or his/her designee).

2. Conduct quality control checks at each cache location to ensure the facility's climate is within acceptable environmental limits and submit a monthly CHEMPACK Project quality control checklist to document storage conditions at the cache location to Strategic National Stockpile Program.

3. Conduct joint inventories with the CHEMPACK fielding team upon initial placement and approximately every 18 months thereafter.

4. Correct non-complying environmental and security conditions identified by Strategic National Stockpile Program point of contact in a timely manner (usually within one hour)

5. Notify the CHEMPACK Logistics Team within two hours if a CHEMPACK cache storage location loses climate control.

V. FEDERAL INTERFACE

A. This plan has no specific counterpart in the National Response Plan. Strategic National Stockpile assets are addressed in ESF-8 of the National Response Plan. The CHEMPACK Project is described in the Version 10 Draft of "Receiving, Distributing, and Dispensing Strategic National Stockpile Asssets – A Guide for Preparedness" dated June 2005.

B. The Centers for Disease Control and Prevention require this plan in order to support CHEMPACK Project operations in South Carolina.

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TAB 2, ATTACHMENT H, ANNEX 25 - Pandemic Influenza

I. INTRODUCTION

A. An Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, rapid delivery of vaccines and antiviral drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

B. Pandemics occur in the following six phases defined by the World Health Organization and the Centers for Disease Control and Prevention: Interpandemic Period (Phases 1 and 2), Pandemic Alert Period (Phases 3, 4, and 5), and Pandemic Period (Phase 6). Distinguishing characteristics of each phase are described below. The phases will be identified and declared at the national level for the purposes of consistency, comparability, and coordination of response.

C. The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of WHO, and makes recommendations for national measures before and during a pandemic. The phases are:

Interpandemic period

Phase 1 : No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

Pandemic alert period

Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread to a close contact.

Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

Pandemic period

Phase 6: Pandemic: increased and sustained transmission in general population.

Notes: The distinction between **phases 1** and **2** is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among **phases 3**, **4,** and **5** is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters. The four traditional phases of emergency management can be matched with the six phases of a pandemic in the following way:

1.	*Preparedness*	Interpandemic (Phases 1 and 2)
2.	*Response*	Pandemic Alert (Phases 3-5) Pandemic (Phase 6)
3.	*Recovery*	Pandemic Over / Interpandemic (Phases 1 and 2)
4.	*Mitigation*	Interpandemic (primarily) (Phases 1 and 2)

D. Assistance in response to an influenza pandemic consists of health and medical resources, including transportation assets, temporarily realigned from established programs having coordination or direct service capability for communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control.

1. COMMUNICATION OF MEDICAL INFORMATION refers to both the information flow within the public health community and the provision of critical information to the public.

2. DISEASE SURVEILLANCE refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other

pertinent indicators of illness to identify disease and characterize its transmission.

3. VACCINE PROGRAMS refers to acquisition, allocation, distribution, and administration of influenza vaccine, and monitoring the safety and effectiveness of influenza vaccinations.

4. DISTRIBUTION OF MEDICATIONS refers to the acquisition, apportionment, and dispensing of pharmaceuticals (other than vaccines) to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics.

5. PUBLIC HEALTH AUTHORITY AND DISEASE CONTROL refers to the aspects of pandemic response requiring executive decisions such as:

   a. Ordering and enforcing *quarantine*, which is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious;

   b. Ordering and enforcing *isolation*, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;

   c. Ordering the release of medical information for epidemiological investigation;

   d. Expanding or lifting regulations and licensure requirements to allow for the expansion of medical services; and

   e. Ordering expansion of medical services under emergency conditions

   f. Issuing other lawful directives in support of the response.

II. MISSION

This plan is part of the Mass Casualty Event Attachment to Annex 25 (Specific Impact Hazards) of the South Carolina Emergency Operations Plan. This attachment identifies critical influenza pandemic response functions and assigns responsibilities for those functions within the State of South Carolina.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.

2. The State's established vaccine delivery infrastructure consists of 46 county health departments, 20 community health centers, approximately 1700 private physicians' offices (primarily pediatric practices), birthing hospitals, and universities with health centers and/or schools of medicine and/or nursing.

3. In the event of a pandemic, the Advisory Committee on Immunization Practices, a federal entity, will publish recommendations to state immunization programs on the use of the pandemic vaccine and priority groups for immunization. These recommendations will be distributed as national guidelines as soon as possible with the expectation that they will be followed in order to ensure a consistent and equitable program.

4. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention will control the allocation and distribution of influenza vaccine to the states during a pandemic period.

5. The South Carolina Department of Health and Environmental Control will control the allocation and distribution of influenza vaccine within South Carolina and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for immunization

B. Assumptions

1. All persons will lack immunity and will likely require two doses of the influenza vaccine.

2. After receipt of the influenza vaccine, the goal is to vaccinate the entire population of South Carolina over a period of four months on a continuous, prioritized basis.

3. When influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.

4. Public health clinics will be the predominant locations for influenza vaccine administration during the first month of vaccine availability, and a reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific immunization job actions.

5. South Carolina's health care workers, emergency response workers, medical examiners, funeral directors, and morticians will face a sudden and massive demand for services and a possible 40% attrition of essential personnel.

6. The projected peak transmission period for a pandemic influenza outbreak will be 6 to 8 weeks.

7. Based on a population attack rate of 15-35%, South Carolina could anticipate between 560,000 and 1.32 million cases of influenza during the peak transmission period.

8. Outpatient visits due to influenza are projected to reach almost 533,000 (range 320,000 – 750,000), which translate to over 25 extra patients per day during the peak transmission period for every primary care physician in South Carolina.

9. Hospitalizations due to influenza and influenza-related complications may reach 12,000 (range 7,200 – 16,800 persons) – the elderly and those with chronic medical conditions could account for most of these admissions.

10. South Carolina is expected to experience almost 3,600 deaths from pandemic influenza (range 2,200 – 5,000), or nearly double the regular number of state's expected deaths, during the peak transmission period.

11. The number of hospital beds and the level of mortuary services available to manage the consequences of an influenza pandemic will be inadequate.

12. Antiviral medications may play a significant role in disease control operations.

IV. CONCEPT OF OPERATIONS

A. The Department of Health and Environmental Control is responsible for the coordination of all Public Health measures in South Carolina, including coordination of Emergency Support Function-8 (Health and Medical Services). Beyond the traditional scope of medical care outlined

in the Health and Medical Services Emergency Support Function (Annex 8), the priorities in an Influenza Pandemic response will be: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control. Certain key actions may be accomplished in these priority areas during each phase of an Influenza Pandemic.

B. Activation

This plan discusses many public health activities such as disease surveillance that are conducted during normal operations. The progression of small disease outbreaks into larger pandemics is tracked by the World Health Organization, the health organizations of other nations and the Centers for Disease Control and Prevention. Certain actions described in this plan will be taken by the relevant agencies before activation of the State Emergency Operations Plan. Full activation of this plan and activation of the State Emergency Response Team would be made in accordance with procedures outlined in the Basic Plan.

C. Local Response

Local Response to Pandemic Influenza is discussed in detail in respective Health Region Emergency Operations Plans and Regional Mass Casualty Plans. The primary actions and logistics requirements at the local level are supported in this state-level plan. Primary actions at the local level would include: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, implementation of public health authority, and disease control. The following sections discuss state-level actions triggered by certain phases of an influenza pandemic.

D. Interpandemic (Phases 1 and 2)

1. Communication of Medical Information

   a. Communicate health advisories, alerts and updates through the Health Alert Network.

   b. Communicate educational messages regarding influenza prevention and surveillance to the media and the public.

2. Disease Surveillance

   a. Conduct Outpatient Influenza-Like Illness Sentinel Provider Surveillance, which is voluntary participation by South Carolina health care providers in the influenza-like

illnesses surveillance, under the guidance of the Centers for Disease Control and Prevention. During influenza season (October through mid-May), sentinel healthcare providers report the total number of patient with influenza-like illnesses symptoms seen each week.

b. Conduct Sentinel Laboratory Surveillance for viral isolates. The Department of Health and Environmental Control, Bureau of Laboratories maintains the Laboratory Influenza Surveillance Program, under the guidance of the Centers for Disease Control and Prevention. Participating institutions (physicians, colleges, hospitals and local health departments) submit influenza culture specimens for viral isolation and typing. Commercial and private clinical laboratories in South Carolina are required by law to report influenza viral isolates from South Carolina residents to the Department of Health and Environmental Control.

c. Conduct Rapid Diagnostic Testing Surveillance. Hospitals and private healthcare providers report positive rapid flu tests to the Department of Health and Environmental Control. Rapid flu test reports include influenza virus type detected and the numbers of patients testing positive. Positive rapid flu test reporting to the Department of Health and Environmental Control is required by South Carolina law.

3. Vaccine Programs

a. Develop tiered contingency plans for use of pandemic vaccine and priority groups for immunization.

b. Develop plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

1). Mass immunization clinic capability within each Public Health Region;

2). Locations of clinics (e.g., central sites, pharmacies, work place, military facilities);

3). Vaccine storage capability, including current and potential contingency depots for both state and region-level storage;

4). Numbers of staff needed to run immunization clinics;

5). Procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

6). Advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

7). Training for deployed staff; and

8). Measures to be taken to prevent distribution to persons other than those in the priority groups.

c. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.

d. Determine the number of people within each Public Health Region who fall within each of the priority groups for vaccination.

e. Verify capacity of suppliers for direct shipping to Public Health Regions.

f. Develop plans for vaccine security:

1). During transport,

2). During storage, and

3). At clinics.

g. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and States.

h. Enhance Vaccine Adverse Event Surveillance.

i. Determine what information needs to be collected and how this will be done, to facilitate evaluation of pandemic influenza vaccine program activities in the post-pandemic period (including socio-economic evaluations).

4. Distribution of Medication

   a. Obtain and maintain a current inventory of available medication of health care providers (i.e. hospitals, clinics, pharmacies).

   b. Obtain and maintain a current inventory of available medication at Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.

   c. Establish Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.

   d. Develop plans for the distribution of medications.

5. Public Health Authority and Disease Control:

   a. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.

   b. Establish and maintain a database of alternate non-traditional medical facilities and services to which patients could be diverted during a pandemic.

   c. Develop public information about the appropriate use of personal protective devices like disposable masks that could be used during a pandemic.

   d. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

   e. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antivirals or vaccinations.

   f. Coordinate Public Health Orders and plans with bordering states.

g. Confirm that health region plans incorporate the capability to employ the recommended disease containment activities.

E. Pandemic Alert (Phase 3)

1. Communication of Medical Information – Communications same as in preparedness phase, with the addition of following:

   a. Communicate with statewide stakeholders and partners regarding enhanced surveillance.

   b. Communicate with statewide stakeholders and partners regarding actions to be taken if a person presents with severe respiratory signs and symptoms and a travel history from a high-risk global area.

2. Disease Surveillance – Sentinel provider, sentinel lab and rapid influenza test surveillance activities will continue as in preparedness phase, with the addition of addition of the following:

   a. Influenza will be changed to an "urgently reportable condition."

   b. Influenza reporting requirement will be changed to year-round reporting.

   c. Enhanced surveillance that will include participation of stakeholders and partners, once novel strain identified in the U.S.

   d. Expand viral isolate surveillance.

3. Vaccine Programs – Promote pneumococcal vaccination of high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia.

4. Distribution of Medication

   a. Confirm current inventory of available medication of health care providers (i.e. hospitals, clinics, pharmacies).

   b. Confirm current inventory of available medication at Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.

c. Prepare to activate memoranda of agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.

d. If necessary, modify plans for the distribution of medications.

5. Public Health Authority and Disease Control

a. Review response plans.

b. Confirm that notification lists are current for local agencies, the medical community, and decision makers,

c. Confirm that the database for the Health Alert Network is current.

d. Determine if a meeting of the Disease Control subcommittee or other decision makers is indicated to recommend courses of action for disease containment.

F. Pandemic Alert (Phase 4)

1. Communication of Medical Information

a. Communications to health care providers, the media and the general public same as in Pandemic Alert phase 3.

b. Also, disseminate influenza isolation and quarantine guidelines.

2. Disease Surveillance – Surveillance activities, including enhanced surveillance, are the same as in Pandemic Alert phase 3.

3. Vaccine Programs

a. Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).

b. Develop a list of currently qualified vaccinators and sources of potential vaccinators.

c. Review educational materials concerning administration of vaccines and update as needed.

d. Collaborate on national and international vaccine development initiatives.

4. Distribution of Medication – Activities continue as in Pandemic Alert phase 3.

5. Public Health Authority and Disease Control

a. The Disease Control subcommittee will meet.

b. Develop and communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

c. Develop clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

d. Develop processes for patient assessment, communication between facilities, and direction of patients to available beds.

e. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

f. Recommend employment of isolation practices for:

1). Symptomatic persons with travel risk factors or contact with others having travel risk factors.

2). Those with culture confirmed and identified novel strain.

3). Symptomatic persons that are not yet confirmed.

G. Pandemic Alert (Phase 5)

1. Communication of Medical Information – Communication to health care providers, the media and the general public is the same as in the Pandemic Alert phase 4.

2. Disease Surveillance – Surveillance activities are the same as in the Pandemic Alert phase 3.

3. Vaccine Programs

   a. Ensure ongoing involvement in vaccine development initiatives.

   b. Review and modify if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.

   c. Ensure staff is trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

   d. Review estimates of the number of people who fall within each of the priority groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).

4. Distribution of Medication

   a. Determine the most clinically effective and cost-effective strategies for use of antiviral drugs.

   b. Communicate to providers if and when the federal government moves to:

      1). Purchase large quantities of drugs to provide for state-level public health distribution,

      2). Purchase such drugs for private sector distribution according to prioritization rules communicated by state public health, or

      3). Leaves distribution entirely to the private sector.

c. As necessary, provide for drug distribution.

d. If appropriate, activate Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association

5. Public Health Authority and Disease Control

a. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.

b. Advise the Governor and the Governor's Emergency Health Powers Advisory Group on:

1). The most appropriate community-based infection control methods during the time period when no vaccines are yet available,

2). The most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary; and

3). The most appropriate uses of antiviral drugs during the time before vaccine is available.

4). The projected demand for health and medical care services.

c. Authorize required isolation practices for:

1). Symptomatic persons with travel risk factors or contact with others having travel risk factors.

2). Those with culture confirmed and identified novel strain.

3). Symptomatic persons that are not yet confirmed.

H. Pandemic (Phase 6)

1. Communication of Medical Information

a. Communication to health care providers, the media and the general public is the same as in Pandemic Alert phase 5.

b. Also, establish and communicate precautions needed for disposal of deceased persons.

2. Disease Surveillance – Surveillance activities are the same as in the Pandemic Alert phase 3.

3. Vaccine Programs

a. General

1). Ensure ongoing involvement in vaccine development/testing/production initiatives.

2). Purchase vaccine if necessary.

3). Review/revise recommended priority groups for immunization based on available epidemiologic data.

4). Modify/refine priority target groups depending on circumstances.

5). Modify/refine other aspects of the Health and Human Services/Center for Disease Control and Prevention/Advisory Committee on Immunization Practices guidelines, as needed.

6). Review and modify if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration)

b. When vaccine is available:

1). Activate immunization clinic capability.

2). Implement streamlined Vaccine Adverse Event surveillance.

3). Arrange for direct shipping of vaccine to public health regions.

4). Communicate with bordering states to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

5). Collect and compile reports of total people immunized with one and/or two doses.

6). Monitor vaccine supply, demand, distribution, and uptake.

7). Recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.

c. End of first wave:

1). Expand vaccine programs to cover population not yet immunized.

2). Summarize and report coverage data (with one and/or two doses) and Vaccine Adverse Event data.

3). Examine vaccine efficacy.

4). Continue Vaccine Adverse Event surveillance.

5). Restock supplies and resume routine programs.

6). Review/revise policies/procedures/standing orders used during the mass immunization campaigns.

4. Distribution of Medication

a. Provide or coordinate obtaining pharmaceuticals other than vaccines.

b. Assist with the coordination of the distribution of these pharmaceuticals.

5. Public Health Authority and Disease Control

a. Implement restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that

may result in large congregations of people will be closed as will schools and other public meetings will be suspended.

b. Individual quarantines may be authorized and employed.

c. Enforce quarantine measures.

d. Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

e. Implement orders for expansion of medical care under emergency conditions.

I. Second Wave – Activities will continue as under Pandemic phase 6.

J. Pandemic Over / Interpandemic

1. Communication of Medical Information – Communicate to medical community, the media and the general public regarding decreasing trend of influenza attack rates data.

2. Disease Surveillance – Conduct studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs – Replenish medical supplies and initiate resumption of routine programs.

4. Distribution of Medication – Replenish medical supplies and initiate resumption of routine programs.

5. Public Health Authority and Disease Control: Lift or revoke public health orders which are no longer necessary.

K. Mitigation

1. Communication of Medical Information – Communicate with the medical community, stakeholders, the media, and the general public regarding decreasing trend of influenza attack rates data.

2. Disease Surveillance – Conduct studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs

   a. Review, evaluate, and take measures to improve or enhance respective roles.

   b. Recommend post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.

4. Distribution of Medication – Review, evaluate, and take measures to improve or enhance respective roles.

5. Public Health Authority and Disease Control

   a. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.

   b. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.

V. RESPONSIBILITIES

A. Department of Health and Environmental Control

1. Communicate health advisories, alerts and updates through the Health Alert Network.

2. Communicate educational messages regarding influenza prevention and surveillance and treatment to the media and the public.

3. Communicate Influenza-Like Illness surveillance data as appropriate.

4. Conduct Outpatient Influenza-Like Illness Sentinel Provider Surveillance.

5. Conduct Sentinel Laboratory Surveillance for viral isolates.

6. Conduct Rapid Diagnostic Testing Surveillance.

7. Develop tiered contingency plans for use of pandemic vaccine and priority groups for immunization.

8. Develop plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

    a. Mass immunization clinic capability within each Public Health Region;

    b. Locations of clinics (e.g., central sites, pharmacies, work place, military facilities);

    c. Vaccine storage capability, including current and potential contingency depots for:

        1). State central vaccine storage depot, and

        2). Each Public Health Region depot;

    d. Numbers of staff needed to run immunization clinics;

    e. Procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

    f. Advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

    g. Training for deployed staff; and

    h. Measures to be taken to prevent distribution to persons other than those in the priority groups.

9. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.

10. Determine the number of people within each public health region who fall within each of the priority groups for vaccination.

11. Verify capacity of suppliers for direct shipping to public health regions.

12. Develop plans for vaccine security:

    a. During transport,

b. During storage, and

c. At clinics.

13. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and States.

14. Enhance Vaccine Adverse Event Surveillance.

15. Obtain and maintain a current inventory of available medication of healthcare providers (i.e. hospitals, clinics, pharmacies).

16. Obtain and maintain a current inventory of available medication at the Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.

17. Establish Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.

18. Develop plans for the distribution of medications.

19. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.

20. Establish and maintain a database of alternate non-traditional medical facilities and services to which patients could be diverted during a pandemic.

21. Develop public information about the appropriate use of personal protective devices like disposable masks that could be used during a pandemic.

22. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

23. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antivirals or vaccinations.

24. Coordinate Public Health Orders and plans with bordering states.

25. Confirm that health region plans incorporate the capability to employ the recommended disease containment activities.

26. Upgrade surveillance reporting requirements as necessary.

27. Expand surveillance network during response phase.

28. Promote pneumococcal vaccination of high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia.

29. Confirm that notification lists are current for local agencies, the medical community, and decision makers.

30. Determine if a meeting of the Disease Control subcommittee or other decision makers is indicated to recommend courses of action for disease containment.

31. Confirm that the database for the Health Alert Network is current.

32. Disseminate influenza isolation and quarantine guidelines.

33. Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).

34. Develop a list of currently qualified vaccinators and sources of potential vaccinators.

35. Review educational materials concerning administration of vaccines and update as needed.

36. Collaborate on national and international vaccine development initiatives.

37. Develop and communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

38. Develop clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

39. Develop processes for patient assessment, communication between facilities, and direction of patients to available beds.

40. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

41. Recommend employment of isolation practices for:

    a. Symptomatic persons with travel risk factors or contact with others having travel risk factors,

    b. Those with culture confirmed and identified novel strain,

    c. Symptomatic persons that are not yet confirmed.

42. Review and modify if necessary, plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.

43. Ensure staff are trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

44. Review estimates of the number of people who fall within each of the priority groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).

45. Determine the most clinically effective and cost-effective strategies for use of antiviral drugs.

46. Communicate to providers if and when the federal government moves to:

    a. Purchase large quantities of drugs to provide for state-level public health distribution,

    b. Purchase such drugs for private sector distribution according to prioritization rules communicated by state public health, or

    c. Leaves distribution entirely to the private sector.

47. As necessary, provide for drug distribution.

48. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are

either at high risk of spreading the influenza virus or who provide essential community service.

49. Advise the Governor and the Governor's Public Health Emergency Plan Committee on:

    a. The most appropriate community-based infection control methods during the time period when no vaccines are yet available,

    b. The most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary;

    c. The most appropriate uses of antiviral drugs during the time before vaccine is available; and

    d. Planning for expansion of the medical care system to meet the surge in demand for care.

50. Authorize required isolation practices for

    a. Symptomatic persons with travel risk factors or contact with others having travel risk factors,

    b. Those with culture confirmed and identified novel strain,

    c. Symptomatic persons that are not yet confirmed.

51. Establish and communicate precautions needed for disposal of deceased persons.

52. Purchase vaccine if necessary.

53. Review/revise recommended priority groups for immunization based on available epidemiologic data.

54. Activate immunization clinic capability.

55. Implement streamlined Vaccine Adverse Event surveillance.

56. Arrange for direct shipping of vaccine to public health regions.

57. Communicate with bordering states to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

58. Collect and compile reports of total people immunized with one and/or two doses.

59. Monitor vaccine supply, demand, distribution, and uptake.

60. Recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.

61. Expand vaccine programs to cover population not yet immunized.

62. Summarize and report coverage data (with one and/or two doses) and Vaccine Adverse Event data.

63. Examine vaccine efficacy.

64. Restock supplies and resume routine programs.

65. Review/revise policies/procedures/standing orders used during the mass immunization campaigns.

66. Provide or coordinate obtaining pharmaceuticals other than vaccines.

67. Implement restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that may result in large congregations of people will be closed as will schools and other pubic meetings will be suspended.

68. Enforce quarantine measures.

69. Make decisions in coordination with Animal Emergency Response about culling infected animal populations or other animal disease containment activities during a pandemic.

70. Communicate to medical community, the media and the general public regarding status of pandemic.

71. Conduct studies of morbidity and mortality data, attack rates in SC.

72. Lift/revoke public health orders that are no longer necessary.

73. Recommend post-pandemic studies to assist in evaluations of the pandemic influenza response capacities and coordinated activities.

74. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.

75. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.

76. Communicate with the public regarding the potential impact and what to expect during a pandemic.

B. South Carolina Pharmacy Association

1. Assist with the procurement of medications.

2. Assist with obtaining volunteer pharmacists for distribution

3. Assist with storage, distribution, and administration of pandemic influenza vaccine to defined high-priority target groups.

4. Assist with development of list of currently qualified vaccinators and sources of potential vaccinators.

C. South Carolina Department of Transportation

1. Assist with storage and transportation of vaccine.

2. Assist with control of roads and transportation to support disease containment efforts.

3. Assist with enhanced surveillance efforts including assessment/isolation of symptomatic travelers from high-risk areas.

D. South Carolina Press Association – Assist with distribution of information to keep the public informed about disease containment and prevention measures and where to go for assistance.

E. South Carolina Hospital Association

1. Support disease surveillance activities.

2. Assist with coordination for the administration of pandemic influenza vaccine to defined high-priority target groups.

3. Assist with development of list of currently qualified vaccinators and sources of potential vaccinators.

4. Assist with development of plans for surge capacity and, along with the Department of Health and Environmental Control, establish acceptable standards of care when facilities are at or beyond capacity.

5. Assist with coordination of expansion of medical services to meet surge in demand.

F. South Carolina Ports Authority – Assist with enhanced surveillance efforts including assessment/isolation of symptomatic travelers from high-risk areas.

G. South Carolina National Guard

1. Assist with storage, distribution, and administration of pandemic influenza vaccine to defined high-priority target groups.

2. Assist with enforcement of quarantine measures and restrictions on travel.

3. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

4. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

H. South Carolina Department of Labor, Licensing, and Regulations

1. Assist with development of a list of currently qualified vaccinators and sources of potential vaccinators.

2. Assist with establishing licensing privileges for out-of-state physicians, nurses and pharmacists.

I. South Carolina Department of Commerce

1. Assist with the acquisition of pandemic influenza vaccine.

2. Assist with developing collaborative relationships and Memoranda of Agreement with business and industries that have work-site health care facilities that can be used as mass vaccination clinics for their employees.

J. Department of Public Safety

1. Assist in the development of plans for vaccine security:

   a. During transport,

   b. During storage, and

   c. At clinics.

2. Assist with vaccine security

   a. During transport,

   b. During storage, and

   c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

K. State Law Enforcement Division

1. Assist in the development of plans for vaccine security:

   a. During transport,

   b. During storage, and

   c. At clinics.

2. Assist with vaccine security

   a. During transport,

   b. During storage, and

c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

L. SC Budget and Control Board

1. Assist with the acquisition of pandemic influenza vaccine.

2. Assist with procurement of medical supplies.

M. Clemson University Livestock and Poultry Health – Identify and assess livestock disease threats and animal related public health issues that may contribute to pandemic influenza spread.

N. Department of Natural Resources

1. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

2. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

O. South Carolina Department of Education

1. Assist with communication of the need for school closures to prevent the spread of disease.

2. Assist with designating school facilities for non-traditional health care facilities when needed

P. South Carolina Coroners Association

1. Assist with coordination of temporary morgue operations and final disposition of deceased persons.

2. Assist with documentation and recordkeeping relevant to pandemic influenza related mortality.

Q. South Carolina Funeral Directors Association

1. Assist in coordination of next of kin notification operations.

2. Assist with coordination of temporary morgue operations and final disposition of deceased persons.

3. Assist with documentation and recordkeeping relevant to pandemic influenza-related mortality.

VI. FEDERAL INTERFACE

The Department of Health and Human Services is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention. The Centers for Disease Control and Prevention will also facilitate guidance and information flow between the State of South Carolina and the World Health Organization, which would have significant involvement during an Influenza Pandemic. Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

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TAB 3, ATTACHMENT H, ANNEX 25 - Smallpox

I. INTRODUCTION

A. A smallpox outbreak would be assumed to be a terrorist act and would have worldwide consequences. Smallpox outbreaks present special requirements for disease surveillance, rapid delivery of vaccines and treatment drugs, allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

B. A laboratory confirmed smallpox case anywhere in the United States would trigger federal and state response efforts including mass vaccination.

C. Assistance in response to a smallpox outbreak consists of health and medical resources, including transportation assets, temporarily realigned from established programs having coordination or direct service capability for communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control.

1. COMMUNICATION OF MEDICAL INFORMATION refers to both the information flow within the public health community and the provision of critical information to the public.

2. DISEASE SURVEILLANCE refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize its transmission.

3. VACCINE PROGRAMS refers to acquisition, allocation, distribution, and administration of smallpox vaccine, and monitoring the safety and effectiveness of smallpox vaccinations.

4. DISTRIBUTION OF MEDICATIONS refers to the acquisition, apportionment, and dispensing of pharmaceuticals (other than vaccines) to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics.

5. PUBLIC HEALTH AUTHORITY AND DISEASE CONTROL refers to the aspects of smallpox response requiring executive decisions such as:

a. Ordering and enforcing *quarantine*, which is the separation and restriction of movement of persons who, while not yet

ill, have been exposed to an infectious agent and therefore may become infectious;

b. Ordering and enforcing *isolation*, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;

c. Ordering the release of medical information for epidemiological investigation;

d. Expanding or lifting regulations and licensure requirements to allow for the expansion of medical services; and

e. Ordering expansion of medical services under emergency conditions

f. Issuing other lawful directives in support of the response.

II. MISSION

This plan is part of the Mass Casualty Event Attachment to Annex 25 (Specific Impact Hazards) of the South Carolina Emergency Operations Plan. This attachment identifies critical smallpox outbreak response functions and assigns responsibilities for those functions within the State of South Carolina.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Vaccination of susceptible individuals is the primary means to prevent disease and death from smallpox during an outbreak.

2. The State's established vaccine delivery infrastructure consists of 46 county health departments, 20 community health centers, approximately 1700 private physicians' offices (primarily pediatric practices), birthing hospitals, and universities with health centers and/or schools of medicine and/or nursing.

3. In the event of an outbreak, the Advisory Committee on Immunization Practices, a federal entity, will update existing recommendations to state immunization programs on the use of the smallpox vaccine and priority groups for immunization. These recommendations will be distributed as national guidelines as soon as possible with the expectation that they will be followed in order to ensure a consistent and equitable program.

4. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention will control the allocation and distribution of smallpox vaccine to the states during an outbreak.

5. The South Carolina Department of Health and Environmental Control will control the allocation and distribution of smallpox vaccine within South Carolina and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for vaccination.

B. Assumptions

1. All persons will lack immunity and will likely require vaccination

2. After receipt of the smallpox vaccine, the goal is to vaccinate the entire population of South Carolina over a period of ten days on a continuous, prioritized basis.

3. When vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.

4. Public health clinics and related points of dispensing will be the predominant locations for smallpox vaccine administration during the first month of vaccine availability, and a reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific vaccination job actions.

5. South Carolina's health care workers, emergency response workers, medical examiners, funeral directors, and morticians will face a sudden and massive demand for services and a possible attrition of essential personnel.

6. The number of hospital beds and the level of mortuary services available to manage the consequences of smallpox outbreak will be inadequate.

7. The case fatality rate in a smallpox outbreak is estimated to reach 30%.

8. The secondary attack rate for smallpox is expected to fall within the range of 38-88%.

IV. CONCEPT OF OPERATIONS

A. The Department of Health and Environmental Control is responsible for the coordination of all Public Health measures in South Carolina, including coordination of Emergency Support Function-8 (Health and Medical Services). Beyond the traditional scope of medical care outlined in the Health and Medical Services Emergency Support Function (Annex 8), the priorities in a smallpox response will be: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control. Certain key actions may be accomplished in these priority areas during each phase of a smallpox response.

B. Activation

This plan discusses many public health activities such as disease surveillance that are conducted during normal operations. Disease outbreaks are tracked by the World Health Organization, the health organizations of other nations and the Centers for Disease Control and Prevention. Certain actions described in this plan will be taken by the relevant agencies before activation of the State Emergency Operations Plan. Full activation of this plan and activation of the State Emergency Response Team would be made in accordance with procedures outlined in the Basic Plan.

C. Local Response

Local Response to a smallpox outbreak is discussed in detail in respective Health Region Emergency Operations Plans and Regional Mass Casualty Plans. The primary actions and logistics requirements at the local level are supported in this state-level plan. Primary actions at the local level would include: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, implementation of public health authority, and disease control. The following sections discuss state-level actions triggered by phase of emergency management

D. Preparedness

1. Communication of Medical Information

a. Communicate health advisories, alerts and updates through the Health Alert Network.

b. Communicate educational messages regarding disease prevention and surveillance to the media and the public.

c. Communicate with statewide stakeholders and partners regarding actions to be taken if a person presents with febrile rash illness and a travel history from a high-risk area.

2. Disease Surveillance – the major surveillance activities prior to a laboratory confirmed case are:

a. Registration of persons already vaccinated under pre-event vaccination programs (first responders and military personnel.)

b. Tracking the occurrence of vaccine "takes" for quality assurance and possible follow-up vaccination.

c. Identification, monitoring and reporting of adverse reactions to vaccination.

3. Vaccine Programs

a. Develop tiered contingency plans for use of vaccine and priority groups for vaccination.

b. Develop plans for storage, distribution, and administration of vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

1). Mass immunization clinic capability within each Public Health Region;

2). Locations of clinics (e.g., central sites, pharmacies, work place, military facilities);

3). Vaccine storage capability, including current and potential contingency depots for both state and region-level storage

4). Numbers of staff needed to run immunization clinics;

5). Procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

6). Advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

7). Training for deployed staff; and

8). Measures to be taken to prevent distribution to persons other than those in the priority groups.

c. Determine how receipt of vaccine will be recorded in terms of vaccine effectiveness, necessary recall and record keeping procedures.

d. Determine the number of people within each Public Health Region who fall within each of the priority groups for vaccination.

e. Develop plans for vaccine security:

1). During transport,

2). During storage, and

3). At clinics.

f. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and States.

g. Conduct Vaccine Adverse Event Surveillance.

4. Distribution of Medication

a. Establish Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.

b. Develop plans for the distribution of medications.

5. Public Health Authority and Disease Control:

a. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.

b. Establish and maintain a database of alternate non-traditional medical facilities and services to which patients could be diverted during an outbreak.

c. Develop public information about the appropriate use of personal protective devices like disposable masks that could be used during an outbreak.

d. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

e. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering vaccine.

f. Coordinate Public Health Orders and plans with bordering states.

g. Confirm that health region plans incorporate the capability to employ the recommended disease containment activities.

E. Response to outbreak outside of the continental United States

1. Communication of Medical Information

a. Communications to health care providers, the media and the general public include detailed case definition and procedures for case verification.

b. Also, disseminate smallpox isolation and quarantine guidelines.

2. Disease Surveillance – Train additional personnel to conduct surveillance support activities and increase the number of personnel directly tasked with disease surveillance activities.

3. Vaccine Programs

a. Conduct initial availability assessment of supplies (e.g., bifurcated needles, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).

b. Develop a list of currently qualified vaccinators and sources of potential vaccinators.

c. Review educational materials concerning administration of vaccines and update as needed.

d. Collaborate on national and international vaccine program initiatives.

4. Distribution of Medication – Activities continue as in preparedness phase.

5. Public Health Authority and Disease Control

a. The Disease Control subcommittee of the Bioterrorism Advisory Council will meet.

b. Develop and communicate disease prevention, control, and containment guidelines for physicians providing care during an outbreak to address the provision of basic medical treatment in non-hospital settings.

c. Develop clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

d. Develop processes for patient assessment, communication between facilities, and direction of patients to available beds.

e. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

f. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the influenza virus or who provide essential community services.

g. Advise the Governor and the Governor's Emergency Health Powers Advisory Group on:

1). The most appropriate community-based infection control methods during the time period when no vaccines are yet available,

2). The most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary; and

3). The most appropriate uses of antiviral drugs during the time before vaccine is available.

4). The projected demand for health and medical care services

h. Recommend employment of isolation practices for:

1). Symptomatic persons with travel risk factors or contact with others having travel risk factors.

2). Those with laboratory confirmed smallpox.

3). Symptomatic persons that are not yet confirmed.

F. Response to outbreak inside of the continental United States

1. Communication of Medical Information

a. Communication to health care providers, the media and the general public is the same as in previous phases.

b. Establish and communicate precautions needed for disposal of deceased persons.

2. Disease Surveillance – Surveillance activities are the same as in the previous phases.

3. Vaccine Programs

a. General

1). Purchase vaccine if necessary.

2). Review/revise recommended priority groups for immunization based on available epidemiologic data.

3). Modify/refine priority target groups depending on circumstances.

4). Modify/refine other aspects of the Health and Human Services/Center for Disease Control and Prevention/Advisory Committee on Immunization Practices guidelines, as needed.

5). Review and modify if necessary, plans for vaccine security (i.e., during transport, storage, and clinic administration)

b. When vaccine is available:

1). Activate mass vaccination clinic capability.

2). Implement streamlined Vaccine Adverse Event surveillance.

3). Arrange for shipment of vaccine to public health regions (primarily through Strategic National Stockpile – as described in Tab 1 of the Mass Casualty Plan.)

4). Communicate with bordering states to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

5). Collect and compile reports of total people immunized follow-up data of vaccine "takes".

6). Monitor vaccine supply, demand, distribution, and uptake.

7). If the outbreak is contained in a particular region, recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.

8). Expand vaccine programs to cover population not yet immunized.

9). Summarize and report coverage data, vaccine "takes" and Vaccine Adverse Event data.

10). Examine vaccine efficacy.

11). Continue Vaccine Adverse Event surveillance.

12). Restock supplies and resume routine programs.

13). Review/revise policies/procedures/standing orders used during the mass immunization campaigns.

4. Distribution of Medication

a. Provide or coordinate obtaining pharmaceuticals other than vaccines.

b. Assist with the coordination of the distribution of these pharmaceuticals.

5. Public Health Authority and Disease Control

a. Implement restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that may result in large congregations of people will be closed as will schools and other public meetings will be suspended.

b. Individual quarantines may be authorized and employed.

c. Enforce quarantine measures.

d. Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

e. Implement orders for expansion of medical care under emergency conditions.

G. Recovery

1. Communication of Medical Information – Communicate to medical community, the media and the general public regarding decreasing trend of smallpox attack rates data.

2. Disease Surveillance

a. Confirm reduction in the number of confirmed cases.

b. Conduct studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs – Replenish medical supplies and initiate resumption of routine programs.

4. Distribution of Medication – Replenish medical supplies and initiate resumption of routine programs.

5. Public Health Authority and Disease Control: Lift or revoke public health orders which are no longer necessary.

H. Mitigation

1. Communication of Medical Information – Communicate with the medical community, stakeholders, the media, and the general public regarding smallpox preparedness and response roles.

2. Disease Surveillance – Conduct studies of morbidity and mortality data, attack rates in South Carolina.

3. Vaccine Programs

a. Review, evaluate, and take measures to improve or enhance respective roles.

b. Recommend post-outbreak studies to assist in evaluations of the smallpox response capacities and coordinated activities.

4. Distribution of Medication – Review, evaluate, and take measures to improve or enhance respective roles.

5. Public Health Authority and Disease Control

a. Evaluate effectiveness of statutory and regulatory authorities related to smallpox response.

b. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of smallpox response.

V. RESPONSIBILITIES

A. Department of Health and Environmental Control

1. Communicate health advisories, alerts and updates through the Health Alert Network.

2. Communicate educational messages regarding smallpox prevention and surveillance and treatment to the media and the public.

3. Communicate Influenza-Like Illness surveillance data as appropriate.

4. Conduct febrile rash illness surveillance.

5. Conduct Sentinel Laboratory Surveillance for viral isolates.

6. Conduct Rapid Diagnostic Testing Surveillance.

7. Develop tiered contingency plans for use of smallpox vaccine and priority groups for vaccination.

8. Develop plans for storage, distribution, and administration of smallpox vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

    a. Mass immunization clinic capability within each Public Health Region;

    b. Locations of clinics (e.g., central sites, pharmacies, work place, military facilities);

    c. Vaccine storage capability, including current and potential contingency depots for:

        1). State central vaccine storage depot, and

        2). Each Public Health Region depot;

    d. Numbers of staff needed to run vaccination clinics;

    e. Procedures to deploy staff from other areas, from within and outside public health, to assist in vaccination;

    f. Advanced discussions with professional organizations regarding tasks outside routine job descriptions during an outbreak;

g. Training for deployed staff; and

h. Measures to be taken to prevent distribution to persons other than those in the priority groups.

9. Determine how receipt of vaccine will be recorded.

10. Determine the number of people within each public health region who fall within each of the priority groups for vaccination.

11. Verify capacity of suppliers for direct shipping to public health regions.

12. Develop plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

13. Coordinate proposed vaccine distribution plans with bordering Public Health Regions and States.

14. Enhance Vaccine Adverse Event Surveillance.

15. Obtain and maintain a current inventory of available medication of healthcare providers (i.e. hospitals, clinics, pharmacies).

16. Obtain and maintain a current inventory of available medication at the Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.

17. Establish Memoranda of Agreement with agencies, organizations and individuals capable of providing assistance in obtaining and distributing medication such as the South Carolina Pharmacy Association.

18. Develop plans for the distribution of medications.

19. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.

20. Establish and maintain a database of alternate non-traditional medical facilities and services to which patients could be diverted during an outbreak.

21. Develop public information about the appropriate use of personal protective devices like disposable masks that could be used during an outbreak.

22. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.

23. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering vaccinations.

24. Coordinate Public Health Orders and plans with bordering states.

25. Confirm that health region plans incorporate the capability to employ the recommended disease containment activities.

26. Upgrade surveillance reporting requirements as necessary.

27. Expand surveillance network during response phase.

28. Confirm that notification lists are current for local agencies, the medical community, and decision makers.

29. Determine if a meeting of the Disease Control subcommittee or other decision makers is indicated to recommend courses of action for disease containment.

30. Confirm that the database for the Health Alert Network is current.

31. Disseminate smallpox isolation and quarantine guidelines.

32. Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).

33. Develop a list of currently qualified vaccinators and sources of potential vaccinators.

34. Review educational materials concerning administration of vaccines and update as needed.

35. Collaborate on national and international disease control initiatives.

36. Develop and communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

37. Develop clinical guidelines for physicians and Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.

38. Develop processes for patient assessment, communication between facilities, and direction of patients to available beds.

39. Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

40. Recommend employment of isolation practices for:

    a. Symptomatic persons with travel risk factors or contact with others having travel risk factors,

    b. Those with culture confirmed and identified smallpox,

    c. Symptomatic persons that are not yet confirmed.

41. Review and modify if necessary, plans for storage, distribution, and administration of smallpox vaccine through public health and other providers to high-priority target groups.

42. Ensure staff is trained and infrastructure is in place to record immunizations.

43. Review estimates of the number of people who fall within each of the priority groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups).

44. Determine the most clinically effective and cost-effective strategies for use of pharmaceuticals.

45. Communicate to providers if and when the federal government moves to:

a. Purchase large quantities of drugs to provide for state-level public health distribution,

b. Purchase such drugs for private sector distribution according to prioritization rules communicated by state public health, or

c. Leaves distribution entirely to the private sector.

46. As necessary, provide for drug distribution.

47. Coordinate disease control activities with vaccination activities to ensure vaccination of essential workers and population who are either at high risk of spreading the smallpox virus or who provide essential community service.

48. Advise the Governor and the Governor's Public Health Emergency Plan Committee on:

a. The most appropriate community-based infection control methods,

b. The most appropriate distribution priorities and systems during time when there is insufficient supply of vaccines and prioritization of distribution is necessary;

c. Planning for expansion of the medical care system to meet the surge in demand for care.

49. Authorize required isolation practices for

a. Symptomatic persons with travel risk factors or contact with others having travel risk factors,

b. Those with culture confirmed and identified smallpox,

c. Symptomatic persons that are not yet confirmed.

50. Establish and communicate precautions needed for disposal of deceased persons.

51. Purchase vaccine if necessary.

52. Review/revise recommended priority groups for immunization based on available epidemiologic data.

53. Activate immunization clinic capability.

54. Implement streamlined Vaccine Adverse Event surveillance.

55. Arrange for direct shipping of vaccine to public health regions.

56. Communicate with bordering states to facilitate awareness of the vaccine distribution plan and coordination of efforts as much as possible.

57. Collect and compile reports of total people immunized.

58. Monitor vaccine supply, demand, distribution, and uptake.

59. Recruit trained immunization staff from unaffected public health regions to augment regular staff in affected areas.

60. Expand vaccine programs to cover population not yet immunized.

61. Summarize and report coverage data and Vaccine Adverse Event data.

62. Examine vaccine efficacy.

63. Restock supplies and resume routine programs.

64. Review/revise policies/procedures/standing orders used during the mass vaccination campaigns.

65. Provide or coordinate obtaining pharmaceuticals other than vaccines.

66. Implement restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that may result in large congregations of people will be closed as will schools and other pubic meetings will be suspended.

67. Enforce quarantine measures.

68. Make decisions in coordination with Animal Emergency Response about culling infected animal populations or other animal disease containment activities during an outbreak.

69. Communicate to medical community, the media and the general public regarding status of the smallpox outbreak.

70. Conduct studies of morbidity and mortality data, attack rates in SC.

71. Lift/revoke public health orders that are no longer necessary.

72. Recommend post-outbreak studies to assist in evaluations of the smallpox response capacities and coordinated activities.

73. Evaluate effectiveness of statutory and regulatory authorities related to smallpox response.

74. Make efforts to amend statutory and regulatory authorities to increase the effectiveness of smallpox response.

B. South Carolina Pharmacy Association

1. Assist with the procurement of medications.

2. Assist with obtaining volunteer pharmacists for distribution

3. Assist with storage, distribution, and administration of smallpox vaccine to defined high-priority target groups.

4. Assist with development of list of currently qualified vaccinators and sources of potential vaccinators.

C. South Carolina Department of Transportation

1. Assist with storage and transportation of vaccine.

2. Assist with control of roads and transportation to support disease containment efforts.

3. Assist with enhanced surveillance efforts including assessment/isolation of symptomatic travelers from high-risk areas.

D. South Carolina Press Association – Assist with distribution of information to keep the public informed about disease containment and prevention measures and where to go for assistance.

E. South Carolina Hospital Association

1. Support disease surveillance activities.

2. Assist with coordination for the administration of smallpox vaccine to defined high-priority target groups.

3. Assist with development of list of currently qualified vaccinators and sources of potential vaccinators.

4. Assist with development of plans for surge capacity and, along with the Department of Health and Environmental Control, establish acceptable standards of care when facilities are at or beyond capacity.

5. Assist with coordination of expansion of medical services to meet surge in demand.

F. South Carolina Ports Authority – Assist with enhanced surveillance efforts including assessment/isolation of symptomatic travelers from high-risk areas.

G. South Carolina National Guard

1. Assist with storage, distribution, and administration of smallpox vaccine to defined high-priority target groups.

2. Assist with enforcement of quarantine measures and restrictions on travel.

3. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

4. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

H. South Carolina Department of Labor, Licensing, and Regulations

1. Assist with development of a list of currently qualified vaccinators and sources of potential vaccinators.

2. Assist with establishing licensing privileges for out-of-state physicians, nurses and pharmacists.

I. South Carolina Department of Commerce

1. Assist with the acquisition of smallpox vaccine.

2. Assist with developing collaborative relationships and Memoranda of Agreement with business and industries that have work-site health care facilities that can be used as mass vaccination clinics for their employees.

J. Department of Public Safety

1. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

2. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

K. State Law Enforcement Division

1. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

2. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

L. SC Budget and Control Board

1. Assist with the acquisition of smallpox vaccine.

2. Assist with procurement of medical supplies.

M. Clemson University Livestock and Poultry Health – Identify and assess livestock disease threats and animal related public health issues that may contribute to smallpox spread.

N. Department of Natural Resources

1. Assist in the development of plans for vaccine security:

a. During transport,

b. During storage, and

c. At clinics.

2. Assist with vaccine security

a. During transport,

b. During storage, and

c. At clinics.

3. Assist with enforcement of quarantine measures and restrictions on travel.

O. South Carolina Department of Education

1. Assist with communication of the need for school closures to prevent the spread of disease.

2. Assist with designating school facilities for non-traditional health care facilities when needed

P. South Carolina Coroners Association

1. Assist with coordination of temporary morgue operations and final disposition of deceased persons.

2. Assist with documentation and recordkeeping relevant to smallpox-related mortality.

Q. South Carolina Funeral Directors Association

1. Assist in coordination of next of kin notification operations.

2. Assist with coordination of temporary morgue operations and final disposition of deceased persons.

3. Assist with documentation and recordkeeping relevant to smallpox-related mortality.

VI. FEDERAL INTERFACE

The Department of Health and Human Services is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention. The Centers for Disease Control and Prevention will also facilitate guidance and information flow between the State of South Carolina and the World Health Organization, which would have significant involvement during a smallpox outbreak. Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.

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